Exhibit E.1

EXEMPT UNIT

Date:

Property Name:

The undersigned hereby requests to remove, transfer or reinstate a designated low-income unit from/to the applicable fraction for determining the qualified basis (see Revenue Ruling 92-61).

Unit(s) shall be designated as an employee unit or for use as common space as defined in section 42 of the Internal Revenue Code [Section 1.103-8(b)(4) and Section 1.103-8(b)(4)(iii)].

To qualify as an exempt unit it **must** be occupied by full time employee or security officers that are considered reasonably required for the benefit of the project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BIN # | Unit # | Sq. Ft. | Position | Transfer | Check the Appropriate Box (see below) | Effective Date |
|       |       |       |       | Y [ ]  N [ ]   | 1.[ ]  2.[ ]   |       |
|       |       |       |       | Y [ ]  N [ ]   | 1.[ ]  2.[ ]   |       |
|       |       |       |       | Y [ ]  N [ ]   | 1.[ ]  2.[ ]   |       |

**Action Keys**

1. Remove from qualified basis
2. Reinstate to qualified basis

Owner / Management must continue to submit the above information concerning the exempt unit on the Owner Annual Certification of Continuing Compliance. Additionally, in the event of a change in the status concerning a unit, Nevada Housing Division requires the resubmission of this form.

Owner / Owner Agent Printed Name and Title:

Owner / Owner Agent Signature:

Date Signed:

NHD Approval: Date: